

know how much oil, how much energy Americans use. The Nation's top energy official doesn't know how much oil the American people use so how can she then know that the amount to call for the release is the right amount or not? She is President Biden's top lieutenant in the war on American energy. She doesn't know how much we use.

Well, the media has broadly reported that the total amount that Joe Biden is releasing from the Petroleum Reserve is what the American people use every 2½ days—every 2½ days. That is the total amount that is being released. It is the amount that we in the United States use every 2½ days. This is a drop in the bucket when it comes to oil prices and energy prices and what people are paying at the pump.

It is not a long-term solution. It is not even a short-term solution. It is just a carefully created sound bite. Oil production is down by nearly 2 million barrels a day compared to the peak under President Trump. It is not a surprise when you take a look at the attack on American energy that President Biden and this administration have continued to do since day 1, when he killed the Keystone XL Pipeline.

The administration also announced last week, without any fanfare, without the President making a statement at the White House—the Department of the Interior said: Oh, by the way, American people, we are going to do this the day after Thanksgiving, when you are busy doing other things, maybe going shopping, doing other things and not paying attention to the news of the day. This administration called for additional fees, more taxes, more expenses on oil and gas leases on Federal land. That impacts my State dramatically. This is in addition to the fees that the President is also including in this massive tax-and-spending bill that the Senate is going to be considering.

This is also economics 101. Higher fees on the cost of producing oil means higher prices for people at the pump—astonishing—making it harder to produce and more expensive to produce American energy. Begging OPEC and Russia to produce more to sell to us is a jackpot for Vladimir Putin. So if President Biden and his Department of the Interior get their way, the prices will go up even higher. Inflation is here to stay under the Democrats.

The American people deserve better. They deserve real solutions in this energy crisis that this administration has created. Higher fees are only going to get passed on to consumers. Instead of spending our savings, we should be producing more American energy. Why are we sending this money to Vladimir Putin and begging him to produce more so we can send him even more money? That is the policy of this administration.

Today, I am introducing legislation that says an administration needs to develop a plan to increase oil and gas production anytime an administration taps the Reserve unless there is an en-

ergy supply emergency like Katrina, like a war. Those are the things that are legitimate reasons to release energy from the Strategic Reserve. The Reserve is for emergencies, not for sound bites. It is not supposed to be a bandaid for bad policies.

If the President is tapping the Reserve, he also ought to increase American energy production. So I urge my colleagues to return to the policies that gave us the best economic times in my lifetime, return to the policies that made us energy-independent as a nation for the first time in 70 years, return to the policies that made us the No. 1 producer of petroleum in the world. We are much stronger and better as a nation if we are selling American energy to our friends than if we have to buy it from our enemies. Apparently, the President does not fully grasp that or believe in that or he would not be begging Vladimir Putin to produce more energy; he would be encouraging America to produce more energy, which we have here.

It is time to stop the restrictions on energy production, time to stop the rush to raise billions in taxes, time to stop the President and the Democrats' declared war on American energy.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 460—DESIGNATING NOVEMBER 2021 AS “NATIONAL RUNAWAY PREVENTION MONTH”

Ms. DUCKWORTH (for herself, Mr. SULLIVAN, Mrs. MURRAY, Ms. MURKOWSKI, Mr. PADILLA, Mr. DURBIN, and Mr. KING) submitted the following resolution; which was referred to the Committee on the Judiciary:

S. RES. 460

Whereas results from the Voices of Youth Count national survey, which was published by Chapin Hall at the University of Chicago in “Missed Opportunities: Youth Homelessness in America”, indicate that, between 2015 and 2017, an estimated 4,200,000 youth and young adults between 13 and 24 years of age experienced homelessness during a 12-month period, including—

- (1) an estimated 700,000 youth between 13 and 17 years of age who experienced unaccompanied homelessness; and
- (2) an estimated 3,500,000 young adults between 18 and 24 years of age;

Whereas the rates of youth experiencing homelessness are similar in rural and non-rural areas;

Whereas, often, runaway youth—

- (1) have been expelled from their homes by their families;
- (2) have experienced abuse and trauma;
- (3) are involved in the foster care system;
- (4) lack resources to secure their own basic needs; and
- (5) are ineligible or unable to access medical or mental health resources;

Whereas individuals without a high school degree or general educational development certificate are nearly four times more likely to report homelessness than their peers;

Whereas youth of color and lesbian, gay, bisexual, transgender, queer, or questioning (commonly referred to as “LGBTQ”) youth

experience higher rates of homelessness than their heterosexual and white peers;

Whereas pregnant youth, parents who are 25 years of age or younger, and their children experience higher rates of homelessness than youth and young adults without children;

Whereas American Indian and Alaska Native youth are the group most at risk for experiencing homelessness, as 9 percent of 13 to 17 year olds in such group reported experiencing homelessness during a 12-month period, a rate more than double any other group;

Whereas runaway and homeless youth are at an increased risk of exploitation and becoming victims of sex and labor trafficking, and between 19 percent and 49 percent of young individuals who experience homelessness will become victims of trafficking;

Whereas youth who run away from home or from foster care are at increased risk of encountering the police and the court system due to laws that prohibit certain actions necessary for the survival of homeless youth;

Whereas preventing youth from running away from home and from foster care and supporting youth in high risk situations should be community priorities;

Whereas the future of the United States depends on children and the value placed on their ability to acquire the knowledge, skills, and opportunities necessary to successfully develop into safe, healthy, and productive adults;

Whereas the COVID-19 pandemic, which was declared a national emergency under the National Emergencies Act (50 U.S.C. 1601 et seq.), has negatively impacted homeless youth;

Whereas effective programs that support runaway youth and assist youth and their families by providing safe and stable homes succeed because of partnerships created among families, youth-based advocacy organizations, community-based human service agencies, law enforcement agencies, schools, faith-based organizations, and businesses; and

Whereas the National Runaway Safeline and the National Network for Youth are leading the promotion of National Runaway Prevention Month in November 2021—

(1) to raise awareness of the runaway and homeless youth crisis and the issues faced by runaway and homeless youth;

(2) to educate the public about solutions and the role the public can play in ending youth homelessness; and

(3) to bring together a broad range of stakeholders to tackle the crisis of youth homelessness: Now, therefore, be it

Resolved, That the Senate—

(1) designates November 2021 as “National Runaway Prevention Month”; and

(2) recognizes and supports the goals and ideals of National Runaway Prevention Month.

SENATE RESOLUTION 461—COMMEMORATING AND SUPPORTING THE GOALS OF WORLD AIDS DAY

Mr. BOOKER (for himself and Mr. SULLIVAN) submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 461

Whereas, as of the end of 2020, an estimated 37,700,000 people were living with human immunodeficiency virus (HIV) or acquired immunodeficiency syndrome (AIDS), including 1,720,000 children;

Whereas, in the United States, more than 770,000 people with AIDS have died since the beginning of the HIV epidemic, including

nearly 16,000 deaths among people with diagnosed HIV in 2019, with the disease disproportionately affecting communities of color;

Whereas each year nearly 40,000 people become newly diagnosed with HIV in the United States;

Whereas communities of color are disproportionately affected by HIV in the United States;

Whereas, in order to address the HIV epidemic in the United States, on August 18, 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency Act (Public Law 101-381; commonly referred to as the “Ryan White CARE Act”) to provide primary medical care and essential support services for people living with HIV who are uninsured or underinsured;

Whereas the Ryan White HIV/AIDS Program provides services and support for over half of all people diagnosed with HIV in the United States;

Whereas to further focus attention on the HIV/AIDS epidemic among minority communities in the United States, in 1998 the Minority AIDS Initiative was established to provide funds to State and local institutions and organizations to best serve the health care costs and support the needs of racial and ethnic minorities living with HIV;

Whereas the United Nations Sustainable Development Goals established a global target to end AIDS as a public health threat by 2030;

Whereas, in order to further address the global HIV/AIDS epidemic, in 2003, Congress and the White House created the President’s Emergency Plan for AIDS Relief (PEPFAR);

Whereas the United States President’s Emergency Plan for AIDS Relief (PEPFAR) program remains the largest commitment in history by any country to combat a single disease;

Whereas, as of 2020, PEPFAR has supported treatment for approximately 17,200,000 people, and has enabled 2,800,000 infants of mothers living with HIV to be born HIV-free;

Whereas, in fiscal year 2020, PEPFAR directly supported HIV testing and counseling for 50,000,000 people;

Whereas the Global Fund to Fight AIDS, Tuberculosis and Malaria was launched in 2002, and, as of 2020, has helped provide antiretroviral therapy to approximately 21,900,000 people living with HIV/AIDS and to 686,000 pregnant women to prevent the transmission of HIV/AIDS to their children, saving an estimated 44,000,000 lives;

Whereas the United States is the largest donor to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and every \$1 contributed by the United States leverages an additional \$2 from other donors, as required by law;

Whereas considerable progress has been made in the fight against HIV/AIDS, including a nearly 30-percent reduction in new HIV infections, an over 50-percent reduction in new HIV infections among children, and an over 45-percent reduction in the number of AIDS-related deaths between 2010 and 2020;

Whereas approximately 27,500,000 people had access to antiretroviral therapy in 2020, compared to only 7,800,000 people who had access to such therapy in 2010;

Whereas research funded by the National Institutes of Health found that HIV treatment not only saves the lives of people living with HIV, but people living with HIV on effective antiretroviral therapy and who are durably virally suppressed cannot sexually transmit HIV—proving that HIV treatment is prevention;

Whereas it is estimated that, without treatment, half of all infants living with HIV will die before their second birthday;

Whereas, despite the remarkable progress in combating HIV, significant challenges remain;

Whereas there were approximately 1,500,000 new HIV infections in 2020 globally, structural barriers continue to make testing and treatment programs inaccessible to highly vulnerable populations, and an estimated 6,100,000 people living with HIV globally still do not know their HIV status;

Whereas the Centers for Disease Control and Prevention reports that nearly 37,000 people were diagnosed with HIV in the United States in 2018 and 14 percent of the 1,200,000 people in the United States living with HIV are not aware of their HIV status;

Whereas men who have sex with men (MSM), particularly young MSM of color, are the population most affected by HIV in the United States;

Whereas southern States bear the greatest burden of HIV in the United States, accounting for 51 percent of new infections in 2018;

Whereas people living with HIV are frequently susceptible to other infections, such as hepatitis B and C and tuberculosis;

Whereas the opioid and heroin epidemics have led to increased numbers of new HIV infections among people who inject drugs, and the crisis has disproportionately affected nonurban areas, where HIV prevalence rates have been low historically and have limited services for HIV prevention and treatment and substance use disorder treatment;

Whereas the COVID-19 pandemic has placed a significant burden on the public health systems across the United States and the globe;

Whereas December 1 of each year is internationally recognized as “World AIDS Day”; and

Whereas, in 2021, commemorations for World AIDS Day recognize the need for “Ending the HIV Epidemic: Equitable Access, Everyone’s Voice”: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of World AIDS Day, including the goal to achieve zero new HIV infections, zero discrimination, and zero AIDS-related deaths;

(2) commends the efforts and achievements in combating HIV/AIDS through the Ryan White HIV/AIDS Treatment Extension Act, the Minority HIV/AIDS Initiative, the Centers for Disease Control and Prevention, the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, the Office of Minority Health, and the Office of the Secretary of Health and Human Services;

(3) commends the efforts and achievements in combating HIV/AIDS made by PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Joint United Nations Programme on HIV/AIDS;

(4) supports efforts to end the HIV epidemic in the United States and around the world by 2030;

(5) supports continued funding for prevention, care, and treatment services, and research programs for communities impacted by HIV and people living with HIV in the United States and globally;

(6) urges, in order to ensure that an AIDS-free generation is achievable, rapid action by all countries toward further expansion and scale-up of antiretroviral treatment programs, including efforts to reduce disparities and improve access for children to life-saving medications;

(7) encourages the scaling up of comprehensive prevention services, including biomedical and structural interventions, to ensure inclusive access to programs and appropriate protections for all people at risk of contracting HIV, especially in communities disproportionately impacted;

(8) calls for greater focus on the HIV-related vulnerabilities of women and girls, including women and girls at risk for or who have survived violence or faced discrimination as a result of the disease;

(9) supports continued leadership by the United States in domestic, bilateral, multilateral, and private sector efforts to fight HIV;

(10) encourages input from civil society in the development and implementation of domestic and global HIV policies and programs that guide the response;

(11) encourages and supports greater degrees of ownership and shared responsibility by developing countries in order to ensure the sustainability of the domestic responses to HIV/AIDS by those countries; and

(12) urges other members of the international community to sustain and scale up their support for and financial contributions to efforts around the world to combat HIV.

SENATE RESOLUTION 462—DESIGNATING NOVEMBER 2021 AS “NATIONAL LUNG CANCER AWARENESS MONTH” AND EXPRESSING SUPPORT FOR EARLY DETECTION AND TREATMENT OF LUNG CANCER

Ms. SMITH (for herself, Mr. RUBIO, Mr. VAN HOLLEN, Mrs. CAPITO, and Mr. SCOTT of South Carolina) submitted the following resolution; which was considered and agreed to:

S. RES. 462

Whereas lung cancer is the leading cause of cancer-related death among men and women in the United States, accounting for more deaths than colon cancer, breast cancer, and prostate cancer combined;

Whereas 1 in 15 men and 1 in 17 women in the United States will develop lung cancer during their lifetime;

Whereas it is estimated that, in 2021, 235,760 individuals in the United States will be diagnosed with lung cancer, and 131,880 individuals will die from the disease;

Whereas lung cancer incidence is decreasing twice as fast in men as in women, each year more women die from lung cancer than breast cancer, and by 2035, it is estimated that more women will die from lung cancer than men;

Whereas disparities in lung cancer screening, diagnosis, treatment, and mortality are well-documented, and Black men have the highest incidence of lung cancer and the highest mortality rate from lung cancer of any racial or ethnic group;

Whereas, annually, lung cancer in individuals who have never smoked is the seventh leading cause of cancer-related death and accounts for between 17,000 and 26,000 deaths in the United States;

Whereas women who have never smoked are more likely to be diagnosed with lung cancer than men who have never smoked;

Whereas, in the United States, the proportion of lung cancers diagnosed in individuals who have never smoked is increasing;

Whereas the 5-year survival rate for localized lung cancer is 60 percent, yet only about 18 percent of lung cancers are diagnosed at this stage;

Whereas screening individuals at high risk of lung cancer using low-dose computed tomography can detect lung cancer earlier than other forms of screening and ultimately save lives;

Whereas lung cancer screening can effectively reduce lung cancer mortality, but, annually, only between 2.8 and 7.2 percent of individuals in the United States eligible for